	IDMENT 1	TRANSMI	TTAL LE	TTER	Docket No. 418268888US
Application No. 10/035,085-Conf. #3973		· · · · · · · · · · · · · · · · · · ·		Examiner	Art Unit
				J. R. Jackso	n 2626
plicant(s): Yon	as D. Seme				
ention: METHO	DD AND SYST	EM FOR TRAI	NSLATING IN	STANT MESSAGE	:S
		THE COMMI			
ransmitted here					
he fee has been	calculated an	d is transmitted	d as shown be	elow.	The second secon
		CLAIM	S AS AMEND	ED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	ŧ
Total Claims	11	- 36 =	0	x 52.00	0.00
Independent Claims	2	- 5 =	0	x 220.00	0.00
Multiple Depend	ent Claims (ch	eck if annlicabl	e)		
TOTAL ADDIT	ONAL EEE E	D TIUG AME	NOMENT.		0.00
TOTAL ADDIT x Large Entity	ONAL FEE FO	OR THIS AME	NDMENT:	Small Entity	0.00
x Large Entity	ONAL FEE FO			Small Entity	0.00
x Large Entity x No additiona	ıl fee is require	d for this amer	ndment.	Small Entity	
x Large Entity x No additiona Please char	il fee is require ge Deposit Acc	d for this amer	ndment.		
x Large Entity x No additiona Please charg A check in the	il fee is require ge Deposit Acc	d for this amer	ndment. ir to cover	the amount of \$	
x Large Entity x No additiona Please charg A check in the Payment by	If fee is require ge Deposit Acc ne amount of \$ credit card. Fo	d for this amer count No. orm PTO-2038	ndment. ir to cover s is attached.	the amount of \$	losed.
x Large Entity x No additional Please charge A check in the payment by x The Director as described	If fee is require ge Deposit Acc ne amount of \$ credit card. Fo	d for this amerount No. orm PTO-2038	ndment. ir to cover s is attached.	the amount of \$ _	losed.
x Large Entity x No additiona Please charg A check in the Payment by x The Director as described x Credit at	of fee is required the property of the propert	d for this amer count No. orm PTO-2038 corized to char	ndment ir to cover is is attached. ge and credit	the amount of \$ _ the filing fee is enc Deposit Account N	losed.
x Large Entity x No additional Please charg A check in the Payment by x The Director as described x Credit at x Charge at your Mickey Mickey Mickey Charge at your mickey with the payment by the payment	If fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth the below. ny overpayment any additional fil	d for this amer	ndment ir to cover is is attached. ge and credit	the amount of \$ _ the filing fee is enci Deposit Account N ees required under 3	losed. o. <u>50-0665</u>
x Large Entity x No additiona Please charg A check in the Payment by x The Director as described x Credit at x Charge a	If fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth the below. ny overpayment any additional fil	d for this amer	ndment ir to cover is is attached. ge and credit	the amount of \$ _ the filing fee is enci Deposit Account N ees required under 3	o. 50-0665 37 CFR 1.16 and 1.17.
x Large Entity x No additional Please charg A check in the Payment by x The Director as described x Credit at x Charge at your Mickey Mickey Mickey Charge at your mickey with the payment by the payment	al fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth d below. ny overpaymer any additional fil ra Reg. No.: 59, ELLP	d for this amer	ndment ir to cover is is attached. ge and credit	the amount of \$ _ the filing fee is enci Deposit Account N ees required under 3	o. 50-0665 37 CFR 1.16 and 1.17.